the Mental Health Act and the Rules thereunder.

Primary Health Centres and Family Planning Centres in Rajasthan

2917. SHRI SATISH AGARWAL: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) what is the number of primary health and family planning centres in each district of Rajasthan as on 30th July, 1994;

(b) the funds provided by the Central Government to these centres during 1991-92, 1992-93 and 1993-94 as on date;

(c) what is the number of rural/tribal households covered by each of the primary and family planning centres in each district of the State; and

(d) what are the measures proposed/taken so far during the Eighth Plan period by the Central Government for the effective functioning of such centres including training and modernised research facilities during the above stated period?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (DR. C. SILVERA): (a) A statement showing districtwise member of Primary Health Centres in Rajasthan as on 28.2.93 is enclosed. (*See* below).

(b) Primary Health Centres are assisted under the State sector Minimum Needs Programme

(c) Each Primary Health Centre is expected to cover about 20,000 population in tribal areas and 30,000 population in other rural areas. Rural Family Planning Centres are set up at block level covering an approximate population of 1 lakh each.

(d) Training Programmes have been stepped up with a view to improving the efficiency and effectiveness of the health functioneries at Primary Health Centres. In addition, 5 Primary Health Centres each per year from 1992-93 in the demographically 23 week districts of Rajasthan are being provided additional funds at the rate of Rs. 10 lakhs per PHC under Social Safety Net. The World Bank assisted IPP-IX Project covers 10 backward districts in Rajashtan which envisages construction of 860 Sub-Centres, 25 Primary Health Centres Operation Threatre at 48 Community Health Centres/Primary Health Centres, etc. at a total cost of Rs. 108.57 crores. In addition, a UNFPA-assisted area project has been undertaken in 13 districts of Rajasthan for a period of 5 years for improving the infrastructural facilities in rural areas at a cost of Rs. 21.66 crores.

Statement

Statement showing the number of PHCs in Rajasthan State District wise

Sl. No.	Name of District	No. of PHCs
1.	Ajmer	44
2.	Alwar	63
3.	Banswara	53
4.	Barmer	48
5.	Bharatpur	46
6.	Bhilwara	68
7.	Bikaner	27
8.	Bundi	28
9.	Chittorgarh	60
10.	Churu	40
11.	Dholpur	24
12.	Dosa	28
13.	Varan	31
14.	Dungarpur	36
15.	Ganganagar	61
16.	Jaipur	77
17.	Jaisalmer	12
18.	Jalaur	43
19.	Jhalowar	35
20.	Jhunjunu	64
21.	Jodhpur	67
22.	Kota	29
23.	Nagaur	71
24.	Pali	64
25.	Rajasmand	44
26.	Swai Madhopur	49
27.	Sikar	51

Sl. No.	Name of District	No. of PHCs
28.	Sirohi	26
29.	Tonk	43
30.	Udaipur	81
	TOTAL:	1413

*In addition, there are 232 Rural Family Welfare Centres in Rajasthan at Block level PHCs.

Progress in the action plan for population control

2918. SHRI RAJUBHAI A. PARMAR:
SHRIMATI VEENA VERMA:

Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) what progress has so far been made in the implementation of the various schemes under the plan of Action for population control;

(b) what has been its impact on population growth so far; and

(c) what are the targets contemplated under each scheme and as regards the total impact of the Plan of Action for 1994 and 1995 as compared to the achievement during 1992 and 1993?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (DR. C. SILVERA): (a) to (c) Major initiatives taken in pursuence of the Plan of Action are listed below:—

(i) Selected PHCs are being strengthened in 90 identified poor performing districts.

(ii) Externally aided Projects are under implementation in various States, including in innovative family planning project in Uttar Pradesh.

(iii) New Schemes have been introduced for greater involvement of NGOs.

(iv) Information, Education and Communication efforts have been intensified, utilising media, inter personal communication, traditional folk art forms and group interaction at village level.

(v) Training of para medical staff and traditional birth attendents has been intensified.

(vi) The Chilef Survival and Safe Motherhood Project is under implementation for strengthening maternal and child health care interventions.

The expected level of achievement (ELA) and achievement for 1992-93 and 1993-94 in respect of various contracaptive methods are indicated in the Statement enclosed (*see* below).

With these efforts, the National Family Welfare Programme is estimated to have averted 168.8 million births till March, 1994 as against 155.6 million upto March, 1993. The annual exponential rate of growth of population has fallen to 2.14% in the decade 1981—91 from 2.22% in 1971—81. It is estimated that this rate would have been 2.71% in 1981—91, but for the National Family Welfare Programme. The Crude Birth Rate has fallen to 29.2 per thousand populaltion as per the Sample Registration System (SRS) data for 1992 from 29.5 in 1991 and 41.7 in 1951—61. Total Fertility Rate fell from 5.97 in 1951—61 and 3.9 in 1989 to 3.6 as per SRS 1991. The Couple Protection Rate increased to 43.4% in March, 1993 and 45.4% as on March 1994 from 10.4% in 1971.